COST EVOLUTION OF BIOLOGICAL AGENTS FOR THE TREATMENT OF RHEUMATOID ARTHRITIS IN A TERTIARY HOSPITAL INFLUENTIAL FACTORS IN PRICE LEVELS

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Background: The availability of biological therapy has changed the approach to treating rheumatoid arthritis. Spending on biological agents has risen due to the drugs’ high cost and the increased prevalence of rheumatoid arthritis.

Objectives: To evaluate the annual cost-per-patient and cost for each biological drug for in patients with rheumatoid arthritis from 2009 to 2017, and to calculate factors that affect at treatment cost, such as optimized therapies by monitoring drug serum levels, the use of biosimilars-TNF inhibitors, and discounts or negotiated rebates in biologicals acquired by pharmacy department.

Methods: Retrospective, observational study in a Spanish tertiary hospital. Main outcome: Annual cost-per-patient and per drug. Influential factors that affected the costs and demographic parameters and disease activity were also analyzed.

Results: A total of 320, 270, and 389 patients were treated in 2009, 2013, and 2017, respectively. Annual cost-per-patient decreased: €10,798 in 2009, €7,491 in 2013 to €7,116 in 2017. The introduction of new drugs drives economic competition leading to total savings per drug, with discounts reaching 24.6%, 15.5%, 11.5%, 17.8%, 17.9% and 21.1% for original infliximab, etanercept, adalimumab, certolizumab, golimumab and tocilizumab respectively, while rebates for biosimilar-infliximab reached 43.1% in 2017. Patients with optimized therapies reached 35.2% in 2017, which lead in cost savings of €1,288,535, in addition to savings from official discounts and rebates of €458,535 and savings from optimized therapies of €830,000 in 2017.

Percentage of patients with optimized regimes for the study period increased from 4.6% in 2009, 51.5% in 2013 to 35.2% in 2017. Disease activity was lower annually in the patient group with the optimized regimes versus the group without optimized regimes (p<0.001). Biological drugs more optimized were infliximab, adalimumab etanercept, and tocilizumab reaching 57.1%, 55.3%, 39.8%, and 32.0%, patients respectively, in 2017.

Conclusion: The cost of biological treatments declined after official discounts, negotiated rebates, and optimized therapies, leading to a significant decrease in the annual cost per patient. The greatest contribution to economic savings in biological therapy according to our study was biological therapy optimization.

REFERENCES

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LIVING WITH CHRONIC INFLAMMATORY AUTOIMMUNE DISEASE IN BRAZIL: THE PATIENT’S PERSPECTIVE

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Background: The patient’s journey is a complex phenomenon. It includes all the stages, perceptions, and experiences that the patient goes through since the identification of the first symptoms of a given disease. Therefore, it is crucial to understand this journey as the most direct way to reflect the patient’s quality of life, especially for those who live with chronic inflammatory autoimmune diseases such as Rheumatoid Arthritis (RA), Psoriatic Arthritis (PsA) and Axial Spondyloarthritis (axSpA).

Objectives: The aim of this study was to understand the journey of people living with rheumatic disease in Brazil and its impact on several different areas of the patient’s life, including family planning, use of medications, and access to health care services and professionals.

Methods: The data were extracted from an exploratory, descriptive and quantitative research, with primary data collection. It was performed between May 09, 2018 and August 01, 2018. The survey had 58 questions and it was available online for public participation through the GRUPO-PELITOPOLIS website.

Results: The survey was accessed by 1223 participants. The proportion of patients with RA, PsA, and axSpA were 70.97%, 17.42% and 11.61%, respectively. Most participants were female (87.64%) and 59.21% of all attendees were between 18 and 54 years old. Only 38.72% of the participants declared that they were working, while 32.34% admitted to being retired or on sick leave. About 60% of the attendees have taken more than a year to visit a rheumatologist and 48.08% received their diagnosis after at least one year of the first symptoms. Nevertheless, once they started to visit a rheumatologist, more than two thirds do not have difficulty to schedule a visit with this specialist. In addition, participants are satisfied with the health care they receive and feel well informed about their treatment. At least half of the attendees used synthetic disease-modifying antirheumatic drugs to control their disease, 41.73% also used corticoids and 33.87% are on biologic drugs. Nevertheless, 37.24% and 17.35% of the participants classified their disease activity as moderate or high, respectively, thus not achieving the target of treatment from their own perspective. This may affect the patient’s quality of life, reflected in the percentage of respondents suffering from emotional or psychological problems (46.62%) as well as in the proportion of patients having some or many difficulties to do daily activities. This scenario is impacted by the fact that more than half of the participants do not have access to another health care provider other than the rheumatologist to help manage their condition. This survey has also delved on the topic of family planning. While regards family planning, 50% of the women indicated an unplanned pregnancy (n=142). Moreover, 48.59% (n=69) of these women had never discussed with their rheumatologist about the desire to be pregnant. Furthermore only 13.38% (n=19) affirmed that their treatment during pregnancy was discussed between the rheumatologist and the gynecologist/ obstetrician.

Conclusion: Although most of the participants in this study indicated a good level of satisfaction with the health care they receive, data also indicate opportunities for improving the patient’s quality of life. Patients are satisfied with the access to the rheumatologist, drug treatment as well as the information they receive on physician's appointments. This work illustrates the complexity of these chronic inflammatory autoimmune disease and the importance of multidisciplinary treatment to manage it to impact positively the patient journey.

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